STANDARDIZED PROCEDURE
PERFORMING ESCHAROTOMY

These procedures are intended to describe procedures performed by Nurse Practitioners and/or Certified Nurse Midwives (depending on the clinical privileges granted to the individual practitioner) at UC San Diego Health.

I. Policy
A. Midlevel practitioner demonstrating the appropriate skills and knowledge may perform escharotomy to upper extremities, lower extremities, and torso using electrocautery.
B. Setting: Burn Intensive Care Unit, Operating Room
C. Supervision: Attending Physician

II. Protocol
A. Data Base:
   1. This procedure will be performed in the event that vascular compromise to the above named areas is occurring or is impending due to burn wound, fluid resuscitation, injury, or disease state.
   2. The site of the escharotomy must be examined prior to initiation of the procedure.
   3. Informed consent from patient and family explaining risk/benefits of the procedure
B. Action: (Attending Physician Will be notified prior to start of procedure)
   1. Assemble electrocautery, and materials for sterile procedure
   2. Prescribe appropriate narcotics/anxiolytics
   3. Place patient in supine position
   4. Prepare site(s) by draping in with sterile drapes and towels.
   5. Clean and debride site(s) with Cholra Prep or betadine solution
   6. Identify and mark with skin marker path of incision(s).
   7. Set electrocautery machine at desired cut and coag settings.
   8. Ensure grounding pad is in place prior to start of procedure.
   9. Carry the incision of the eschar down through to the level of the subcutaneous fat. An immediate release in tissue pressure is experienced as a discernible popping sensation.
  10. Carry the incisions approximately 1 cm proximal and distal to the extent of the burn.
  11. Areas overlying joints have densely adherent skin, and the incisions should extend across joints to allow for decompression of neurovascular structures. Take care to avoid damage to the neurovascular bundles that run superficially and near joints
  12. Assess efficacy of escharotomies by complete neurovascular exam.
  13. Discard all sharps and bio hazardous material in appropriate containers.
C. Record Keeping: Document in the patient record
   1. Document Procedure, Date and time in progress note and burn procedure area chart.
   A. Consultation: Physician Consultation
      1. As described in the General Policy Component.
2. Referral to Physician or Specialty Clinician: Conditions for which the diagnosis and/or treatment are beyond the scope of the midlevel practitioner’s knowledge and/or skills, or for those conditions that require consultation.

VII. RESPONSIBILITY
Please contact the Advanced Practice Council if you need help. The administrative assistant for the Chief Nursing Officer can direct you. Call: 619-543-3438.

VIII. HISTORY OF PROCEDURE
Revised by the Committee of Interdisciplinary Practices: 2/26/2014, 9/28/2016
Reviewed by the Medical Staff Credentials Committee: 3/5/2014, 10/6/2016
Approved by the Medical Staff Executive Committee: 3/20/2014, 10/7/2016